FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004047 (5)1. Corporation Name

WOMEN'S INSTITUTE FOR CREATIVITY, INC.

Principal Place of Business Mailing Address 10220 S.W. 215 STREET 10220 S.W. 215 STREET



| Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State Zip Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be Added to Fees Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, | MIAMI FL 33189 | | MIAMI FL 33189 | | | | | | | | | |
|--|------------------|--|---|---------------------------------------|---------------|----------------------|--|---|---------------------|----------------------------|------------------------|------------------------------------|
| 26 | | | | | | | 3. | | ıalified | 3a. Da | te of Las | st Report |
| Sufe, Apr. | <u> </u> | ace of Business | 2a. Mailing Address | | | | 4. | . FEI Number | | | | + |
| Compared States Compared States Compared Compared States | 21 | | | | | | | 65-0608024 | | | | • |
| ZD Country 2 2D Country 2 2D South 2 2D South 3 3D South 4 3D Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Suite, Apt. i | #, etc. | | | | 5 | . Certificate of Status Des | ired | 1 1 ***** | | | |
| 25 26 30 30 Floridal Statution Vest No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Nam | City & State | | | | | | 6. | | ncing | | | |
| SCHWEIGER, JEFFREY R 640 N.E. 124 STREET NORTH MIAMI FL 33161 11. Pursuant to the provisions of Sections 617,0502 and 617 1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered discorptional and accept the displacines of Science Microsome 17,0502 and 617 1500, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of declars. I hereby accept the approximent as registered eigent. I am familiar with, and accept the displacines of Science 187,050, Planta Statutes. SIGNATURE SIGNATURE D OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/GIANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME D DALGLISH, MEREDITH 10220 S.W. 215 STREET 10200 | Zip 24 | <u>⊢</u> ¬ ' | | · — | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | s. 199.032, |
| SCHWEIGER, JEFFREY R | | 9. Name and Address of Current | Registered Agent | | | | 10 | . Name and Address of | New R | egistered / | Agent | |
| Balance 124 STREET NORTH MIAMI FL 33161 Balance | | | | | 81 | Name | | | | | | |
| Balance 124 STREET NORTH MIAMI FL 33161 Balance | SCHWEK | SER. JEFFREY R | | } | 82 | Stroot | Address (P | O Boy Number is Not A | ccentan | le) | · | |
| Section Sect | | | | 02 | | | a national (i.e., box recriber to not independing | | | | | |
| 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficult or both, in the State of Florida Such change was authorized by the corporation's bload of directors. I hereby accept the epycontiment as registered agent. I am I a | NORTH N | MAMI FL 33161 | | | 83 | | | | | | | |
| 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficult or both, in the State of Florida Such change was authorized by the corporation's bload of directors. I hereby accept the epycontiment as registered agent. I am I a | | | | } | 84 | Citv | | | | | 85 | Zio Code |
| or registered agent, or both, in the State of Flonds Such change was authorized by the corporation's board of directors. I hereby accept the eigh clintrinent as registered eigent. I am familiar with, and accept the obligations of Sociolo 151/0505, florida Statutes. SIGNATURE | • | | | | | | | | | FL | " . | |
| 12 | or registere | ed agent, or both, in the State of Florid | Such change was authorize | d by the c | ve-na orpc | amed co eration's | orporation s board of d | submits this statement for directors. Thereby accept t | the pur the appr | pose of cha ointment as | nging its registere | registered office ed agent. Fan |
| 12. | | Signature, typed or printed name of registered agent a | no title if applicable (NO) | TE: Registered | Agent | Signature re | redured when r | reutstational | | DATE | | |
| NAME DALGLISH, MEREDITH 12 NAME 12 NAME 12 NAME 13 SIREEL ADDRESS 14 CUTY - ST - ZP MIAMI FL 33 189 14 CUTY - ST - ZP MIAMI FL 33 189 14 CUTY - ST - ZP MIAMI FL 33 189 14 CUTY - ST - ZP MIAMI FL 33 189 14 CUTY - ST - ZP MIAMI FL 33 189 14 CUTY - ST - ZP MIAMI FL 33 181 12 NAME | | | | · · · · · · · · · · · · · · · · · · · | | | | | TO OF I | | DIRECT | ORS IN 12 |
| 10220 S.W. 215 STREET 13 SIREE1 ADDRESS 10220 S.W. 215 STREET 13 SIREE1 ADDRESS 14 CITY- ST-ZIP | TITLE | D | DELETE | 1.1 70 | TLE | | T | | | | Change | Addition |
| 10220 S.W. 215 STREET 13 SIREE1 ADDRESS 10220 S.W. 215 STREET 13 SIREE1 ADDRESS 14 CITY- ST-ZIP | NAME | DALGLISH, MEREDITH | | 1.2 NA | ME | | | | | _ | | _ |
| TITLE | STREET ADDRESS | 10220 S.W. 215 STREET | | 13 \$1 | REEL | ADDRESS | | | | | | |
| NAME SILVERMAN, KRISTEN 22 NAME | CITY-ST-ZIP | MIAMI FL 33189 | | 1.4 CI | TY - ST | - ZIP | | | | | | |
| STREET ADDRESS 2402 CLEVELAND STREET | TITLE | D | DELETE | 2 1 717 | ΙLF | | | | | | Change | Addition |
| CITY-ST-ZIP | NAME | SILVERMAN, KRISTEN | | 2 2 NA | ME | | | | | | | |
| TITLE D | STREET ADDRESS | | | 2 3 S1 | REET / | ADDRESS | | | | | | |
| NAME BENSON, LEE 32 NAME STREET ADDRESS 3200 NE 29TH STREET #601 33 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 34 CITY-ST-ZIP TITLE D □DELETE 41 TITLE □ Add tion NAME STUTT, JULIA 4 2 NAME 42 NAME 42 STREET ADDRESS 44 CITY-ST-ZIP □DELETE 51 TITLE □ Add tion □Add tion ■ Add tion ■ | CITY - ST - ZIP | HOLLYWOOD FL 33020 | | 2 4 CI | ITY - S | T - 21P | | | | | | |
| STREET ADDRESS 3200 NE 29TH STREET #601 33 STREET ADDRESS 50RT LAUDERDALE FL 33308 34 CHY-ST-ZIP | TITLE | _ | DELETE | : 3 1 TIT | ILE. | | | | | Ĩ | Change | Addition |
| CITY-ST-ZIP | NAME | | | 3 2 NA | ME | | 1 | | | | | |
| TITLE | STREET ADDRESS | | | 3351 | REETA | ADDRESS | | | | | | |
| NAME STUTT, JULIÀ 4 2 NAME 12915 IXORA ROAD 4 3 STREET ADDRESS NORTH MIAMI FL 33181 4 4 CITY - ST - ZIP TITLE Change Addition Additi | | | f Toci cyc | _ | | T - ZIP | ļ | | | | 70 | |
| 12915 IXORA ROAD | 1 | | L_DELETE. | | | | | | | Ĺ | _ Unange | . Mag tion |
| CITY-ST-ZIP NORTH MIAMI FL 33181 4 4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Add tion NAME 52 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Add-dion NAME DELETE 61 TITLE Change Add-dion NAME 62 NAME G3 STREET ADDRESS CTTY-ST-ZIP CTTY-ST-ZIP | ı | | | | | | - | | | | | |
| TITLE DELETE 5 1 TITLE Change Add tion NAME 52 NAME <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>į</td> | 1 | | | | | 1 | 1 | | | | | į |
| NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE □DELETE 61 TITLE □Change □ Add-tion NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS | | NUMIN MIAMI FL 33181 | □ NEI ETE | | | - ZIP | 1 | | | | T Chance | □ Add tion |
| 53 STREET ADDRESS 53 STREET ADDRESS 54 CITY - ST - ZIP | Į. | | f"Torrere | | | | | | | L | T cuan∄a | . Magagori |
| CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TiTLE Change Add-tion NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS | | | | | | ADDRESS | [| | | | | |
| TITLE DELETE 61 TITLE Change Add-tion NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS | | | | | | - 1 | | | | | | ļ |
| NAME 52 NAME STREET ADDRESS 63 STREET ADDRESS | | | DELETE | | | - ZIP | | | | | Channe | . Add-tion |
| STREET ADDRESS 63 STREET ADDRESS | | | | | | | | | | L | ^Ac | |
| | | | | | | ADDRESS. | | | | | | |
| | ı | | | | | | | | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (MI)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR